



PROPERTY TAX POSTPONEMENT CLAIM

2003

				A		03-04
1. SOCIAL SECURITY NUMBER		2. FIRST NAME MID. INITIAL LAST NAME		This Space for Controller's Use Only APN		
3. YOUR DATE OF BIRTH 19__ month day year		PLEASE PLACE PREADDRESSED LABEL HERE, IF AVAILABLE				
4. IN CARE OF NAME (IF APPLICABLE)				County Code		
5. MAILING ADDRESS (NUMBER AND STREET)				Letter Code		
6. (CITY) (STATE) (ZIP CODE)				Percent No.		
7. SPOUSE'S SOCIAL SECURITY NUMBER		SPOUSE'S AGE		Timely Code		
				Multi Parcel		
8. ADDRESS OF RESIDENTIAL DWELLING (NUMBER AND STREET)				Income		
9. (CITY) (COUNTY) (STATE) (ZIP CODE)						
FILING REQUIREMENTS:						
10. If you will be 62 or older on December 31, 2003, check this box. <input type="checkbox"/> 62 or older						
11. If you are under 62 on December 31, 2003, and are BLIND <input type="checkbox"/> Blind						
OR DISABLED , check the appropriate box. <input type="checkbox"/> Disabled						
Proof of disability is required each year.						
12. As of Dec. 31, 2002, have you and all other recorded owners, except spouse and direct-line relatives, owned and occupied as your principal place of residence the property for which taxes are to be postponed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRANSFER						
13. Enter the date you purchased your home: _____ First-time filers, if you purchased your home after December 31, 2002, STOP . You do not qualify to postpone your property taxes this year.						
14. Enter, to the best of your knowledge, the total amount of liens, deeds of trust, mortgages or other encumbrances recorded against your home. \$ _____						
15. Is your property held in a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO						
16. List name(s) and relationship(s) of all owners of your property. Anyone listed below who IS NOT a spouse or direct-line relative must also submit proof of eligibility.						
NAME		RELATIONSHIP		SOCIAL SECURITY NUMBER		AGE

On lines 17-24, enter your INCOME for the 2002 calendar year. If you are married, include your spouse's income. On line 25, enter the total income of other household members.

17. Social Security and/or Railroad Retirement	• 17. _____
18. Interest and/or Dividends	• 18. _____
19. Pensions and/or Annuities	• 19. _____
20. SSI/SSP, AB, ATD	• 20. _____
21. Rental Income (or Loss) . Attach Federal Form 1040 and Schedules.....	<input type="radio"/> • 21. _____
22. Business Income (or Loss) . Attach Federal Form 1040 and Schedules.....	<input type="radio"/> • 22. _____
23. Capital Gain (or Loss) . Attach Federal Form 1040 and Schedules.....	<input type="radio"/> • 23. _____
24. Other Income (Including Wages)	• 24. _____
25. Income of Other Household Members . Do not include income of minors, students or renters.	• 25. _____
26. SUBTOTAL . Add lines 17-25.....	• 26. _____
27. Adjustments to Income . Attach documentation.....	<input type="radio"/> • 27. _____
28. TOTAL HOUSEHOLD INCOME . Subtract line 27 from line 26..... If line 28 is more than \$24,000 (or \$34,000 if you qualified in 1983), STOP . You do not qualify for property tax postponement.	• 28. _____

29. IS YOUR RESIDENCE PART OF A COOPERATIVE HOUSING CORPORATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. IS YOUR RESIDENCE BASED ON A LEASEHOLD (POSSESSORY) INTEREST? If yes, first-time filers must attach a copy of the recorded lease agreement and of the policy of title insurance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. IS YOUR RESIDENCE BASED ON A LIFE ESTATE OR IS IT UNDER A CONTRACT OF SALE? If yes, attach written consent from the remainderman or titleholder.	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. IS YOUR RESIDENCE A MOBILEHOME OR FLOATING HOME THAT IS SITUATED ON OR NEAR RENTED OR LEASED LAND? If yes, attach a copy of your current certificate of title and/or registration card.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. IS ANY PORTION OF YOUR PROPERTY USED FOR RENTAL OR BUSINESS? If yes, enter the percentage devoted to your personal use. _____% The percentage indicated is the amount that is eligible for postponement.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE SIGN THE COMPLETED FORM. ATTACH ALL REQUIRED DOCUMENTS AND MAIL TO:

STEVE WESTLY, CALIFORNIA STATE CONTROLLER
DIVISION OF COLLECTIONS
PROPERTY TAX POSTPONEMENT PROGRAM
P.O. BOX 942850
SACRAMENTO, CALIFORNIA 94250-5880

AN INCOMPLETE APPLICATION AND/OR MISSING DOCUMENTS WILL RESULT IN A DELAY IN PROCESSING.

Under penalty of perjury, I declare that this claim, including accompanying documents, is to the best of my knowledge true, correct, and complete.

CLAIMANT'S SIGNATURE & DATE

SIGNATURE OF OTHER OWNER

(_____)_____
TELEPHONE NUMBER

SIGNATURE OF OTHER OWNER

Signatures of all property owners are required.